

Effectiveness of Health Sector Special Autonomy Funds Management Program Supiori Regency, Papua

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Abstract: Under the Special Autonomy Law, indigenous Papuans receive special attention and are the main subject of development. The existence of the central government, provincial government, district/city governments, as well as subordinate institutions, are all geared to provide the best service to the indigenous people of Papua, in order that improved social welfare can be realized, so that the lives of indigenous people of Papua can be in line with that of the rest of the population in Indonesia. There are four very important service sectors within the strategic mandate of the Special Autonomy Law to be implemented by the government in relation to the welfare of indigenous Papuans, namely: education, health and nutrition, village infrastructure, and economic empowerment. Supiori local government has yet to determine the performance indicators pertaining to implemented programs and activities funded by Special Autonomy. These conditions make the assessment of performance against the use of Special Autonomy funds difficult because indicators of achievement of the program/ activity are not available. Types of data collected in this study include both secondary and primary data. The data collection techniques used in this study are: Questionnaires and Distributed Questionnaires, In-Depth Interviews, Library Research, and Focus Group Discussions. Supiori Autonomy health sector funding of the programs and activities of the Department of Health in 2012 has been quite effective and beneficial for the Health Services Unit, which includes hospitals, health centers and Puskesmas Pembantu health center. In addition, medical personnel (nurses), Posyandu cadres, pregnant and nursing mothers, infants and toddlers, children and the community district also enjoy greater health benefits. There needs to be involvement and participation in the Health Services Unit Autonomy fund management, in areas ranging from planning to follow-up. Participation can be done through discussions about Health Services Unit needs, as well as the needs found in the planning and budgeting of Special Autonomy funds in the Supiori health field.

Keywords: *Special Autonomy, Health, Effectiveness*

1. Introduction

Since the time of decentralization (Special Autonomy), the approach of government relying always on economic growth has changed. Growth-centered development has shifted toward human-centered development, due to a growing realization that economic growth created during that earlier period actually led to widening development gaps, and made the foundation of the economy fragile. The central government idea to change policy course has given considerable benefits to the province of Papua. Moreover, when the Province of Papua Special Autonomy, based on Law No. 21 of 2001, took effect, this became a very important moment in the history of Papua, with respect to Papuans thinking about and seeking for themselves ways to improve the lives of the indigenous people of Papua. Under the Special Autonomy Law, indigenous Papuans receive special attention and are the main subject of development. Special Autonomy provisions pertaining to the central government, provincial government, district/city governments, as well as subordinate institutions, are all geared to provide the best service to the indigenous people of Papua, in order that improved social welfare can be realized, so that the lives of indigenous people of Papua can be in line with that of the rest of the population in Indonesia. There are four very important service sectors within the strategic mandate of the Special Autonomy Law to be implemented by the government in relation to the welfare of indigenous Papuans, namely: education, health and nutrition, village infrastructure, and economic empowerment.

Supiori local government has yet to determine the performance indicators pertaining to implemented programs and activities funded by Special Autonomy. These conditions make the assessment of performance

against the use of Special Autonomy funds is difficult because indicators of achievement of the program or activity is not available. Despite more than a decade of Special Autonomy policy development and implementation by the Supiori Government, problems in Special Autonomy fund management continue. As a result, the conditions of the indigenous people of Papua lag far behind those of nonnative Papuans, and so the purpose of granting Special Autonomy to achieve equality and balance with other areas has not yet fully materialized. When explored more deeply in terms of various macro socioeconomic trends related to the welfare of the people of Papua during the Special Autonomy period, comments and statements of public opinion concerning the policy of Special Autonomy disclose several problems which give an indication of why the policy implementation of the Special Autonomy in Papua has not been successful in improving the welfare of the indigenous people of Papua so far. Based on the description above, the issue to be addressed in this study is: How may the effectiveness of the management of programs and activities in education and health financed under the Special Autonomy and Autonomy be measured by Key Performance Indicators (KPI-Autonomy)?

2. Literature Review

Djojosoekarto et al (2009), for one example, concluded that Autonomy's performance during the five years of implementation (2002-2007) has not yet reached the expected performance. Special-Autonomy in Papua is still widely understood as a Special-Autonomy. This weakness has also been noted in official statements by local government officials on various occasions. Fairyo (2010) states that the ten-year Autonomy (2001-2010) was accompanied by funds of one trillion rupiah. But the Papuan people shouted that Autonomy failed, because Autonomy was misplaced. Autonomy was off target, and Timbulah indigenous Papuans rejected autonomy. Some more extreme statements were also made by a number of parties. Suppose Lokobal (2011), asserts that the main agents are the failure of Special Autonomy governments (central and regional) themselves. There are also those who say that the Special Autonomy in Papua did not bring people in Indonesia's easternmost region more prosperity, and the welfare of the people of Papua has dropped to zero. Other assessments mention that 80% of the implementation of the Special Autonomy Law by the Government has failed (Alue 2010; Apomfires, 2013). As a form of participation in development, it is the right of people to give an assessment of the results of the implementation of public policies by the government. Therefore it behooves the government to listen to and accommodate a variety of criticisms of the society as constructive feedback in order to improve the outcome of the Special Autonomy policy in the future. In assessing the effectiveness of the programs and activities of the Supiori District Health Office, the fourteen activities of six programs financed by the Special Autonomy fund source, may be put into three health sector main categories in the as shown in the following table.

Table 1: Health Sector main Categories

Health Status	Health Efforts	Health Resources
Service Improvement and Prevention of Health Problems / KB	Poor health services in PHC Network	Improving Health Manpower Education
Fogging and Spraying Home	Training Management Information System Health Center	Procurement of Drugs and Medical Supplies
BIAS (Childhood Immunization Month in School)	Regular Visits For Toddlers	
Eradication of Malaria	Strengthening the IHC Cadre	
Increased Immunization Coverage for Toddlers	Routine Care for Pregnant Women	
Provision of Food Supplements and Vitamins	Training for the Voluntary Counseling Test	

Effectiveness here means successful or appropriate. Effendy (1989) defines effectiveness as follows: "a process of communication to achieve the goals planned in accordance with budgeted costs, time period set, and the number of personnel specified" (Effendy, 1989: 14).

Table2: Categories of Assessment Effectiveness

Value Range	Category
1 - 24,99	Ineffective
25 - 49,99	Less Effective
50 - 74,99	Sufficiently Effective
75 – 100	Fully Effective

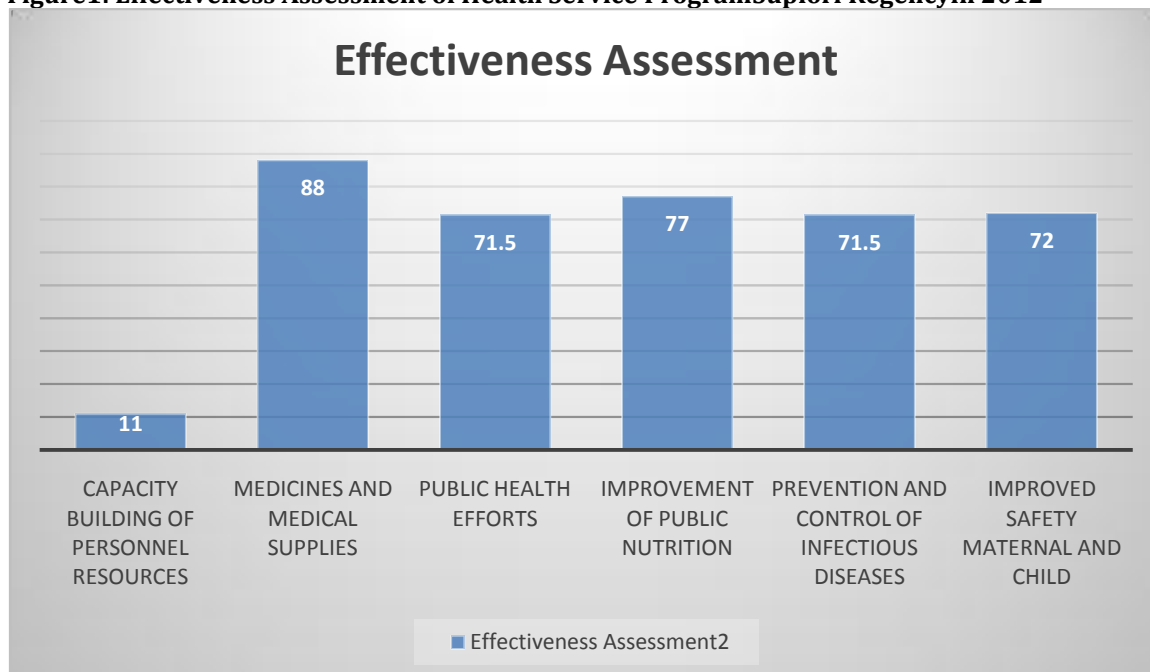
3. Methodology

Types of data collected in this study include secondary and primary data. Secondary data are a set of data obtained and collected from various reports that have been published by an institution previously. The primary data consists of raw or basic data collected through direct observation or through other specific data collection techniques. The other specific data collection techniques used in this study are:

- Questionnaires and Distributed Questionnaires
- In-Depth Interviews
- Library Research
- Focus Group Discussions

4. Results

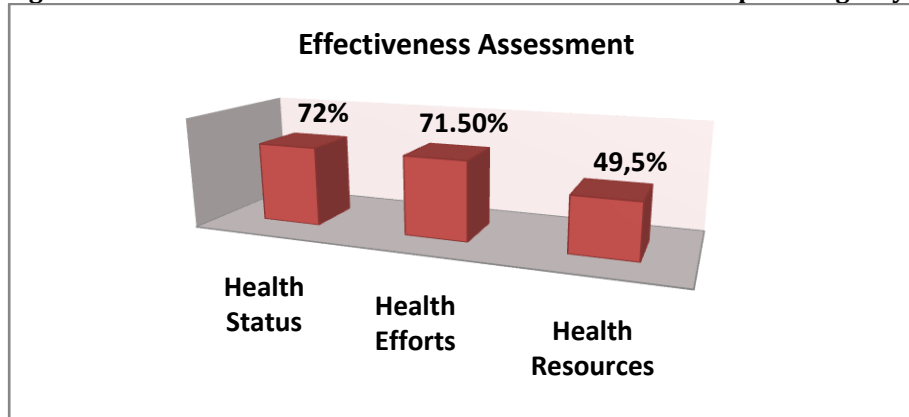
In assessing the overall program of the autonomy funding sources for Public Health Service, the year 2012 is considered the most indicative in understanding the development and improvement of health services in Supiori. To increase the capacity of personnel resources judged to be effective, there is a need to improve the capacity building of personnel resources in terms of tuition assistance, which has heretofore been insufficient because the cost of practice is considerable.

Figure1: Effectiveness Assessment of Health Service Program Supiori Regency in 2012

Based on the results of data analysis, program and activities of the District Health Office Supiori In 2012 as a whole in terms of aspects Health Status, Health Services and the Health Resources are assessed as Sufficiently Effective with the value of effectiveness at 72 percent for Access Health Status, 71.5 percent for Health Efforts, and 50 percent for Health Resources. This shows that the programs and activities of Autonomy Health funding

sources have been successful and helpful to beneficiaries such as health centers, Puskesmas Pembantu (health center), pregnant women, infants, toddlers, school children, health care workers, Integrated Service Postcades, and society in general. However, programs and activities in every aspect of the health sector need to be reviewed and assessed for effectiveness. For the assessment of each program and activities under the aspect of Health Status, Health Services and the Health Resources will be presented in further discussion.

Figure 2: Effectiveness Assessment of the Health Sector In Supiori Regency 2012



Thus it can be said that the government's efforts to improve Supiori public health status efforts are quite successful, with the results of the assessment category at 71.5 percent, sufficiently effective. As for health resources assessment, the results are categorized as less effective, at 49.5. Results of assessing the effectiveness of activities to increase the number of people receiving health education in general shows that this activity was ineffective because the assistance is insufficient to be used as intended for the payment of the semester's tuition and also the materi2 exam KTI. The desired outcome of these activities is to increase the number of health professionals. However the funding of Rp. 5.4 million per student per semester does not positively affect the service to the public or the performance of health personnel, because the increase in health education aid is sufficient only for the completion of KTI.

5. Conclusion

- The 2012 Supiori health sector Autonomy fund management, as seen in the programs and activities of the Department of Health, has been quite effective and beneficial for the Health Services Unit for hospitals, health centers and Puskesmas Pembantu health center. In addition, the same benefits are also seen by recipients of health benefits such as medical personnel (nurses), Posyandu cadres, pregnant and nursing mothers, infants and toddlers, children and parents as well as the entire society living in the Regency.
- Autonomy fund management performance in education and health that involves the Institute of Education, Health Services Unit as well as society as a whole in Supiori is already operating under *Good Enough* guidelines.

Recommendations

- There should be engagement and participation in the Health Services Unit Autonomy fund management areas ranging from planning to follow-up. Participation can be accomplished through discussions about Health Services Unit needs, as well as the needs found in the planning and budgeting of Special Autonomy funds in the Supiori health field.
- There is a need for transparency for the health center, health center (sub) and the public about the amount of funds and resources given and used in any activity that uses Special Autonomy health field funds. Transparency can be accomplished through direct delivery of information or through an official letter to the parties concerned about the Special Autonomy funds.

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